

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16720

State File No.

FILED JUN 9 1944
Registration District No. 3-128

Primary Registration District No.

Registrar's No. 4957

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location) 1 Day
(d) Length of stay: In hospital or institution. 30 Years (Specify whether years, months or days)
In this community 30 Years

3. (a) PRINT FULL NAME Lemuel Sale

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Johanna 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct. 31 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 30 If less than one day hr. min.

9. Birthplace Jefferson Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Wood Worker

11. Industry or business Bank Fixture Co

12. Name Joseph Sale
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Isabell Hardesty
15. Birthplace Jefferson Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Sale
(b) Address 4625 Pennsylvania

17. (a) Cremation (b) Date thereof 5-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Mr. Schumacher

(b) Address 3013 Meramec

19. (a) MAY 29 1944 (b) John Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9/3
(d) Street No. 4625 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 28
to May 29, 1944
that I last saw him alive on May 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion Duration very

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury 0

23. Signature R. Berg (M. D. name)

Address 2203 N. 1st Date 5/29/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Francis A. Williamson

Licensed Embalmer No.....

3565

P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.